

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Ambulatory Surgery Centers
Managed Care Plans

Memorandum No: 04-93 MAA
Issued: December 30, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Ambulatory Surgery Centers: Fee Schedule Updates

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration (MAA) will adopt the 2005 Medicare Fee Schedule Database (MFSDB) Ambulatory Surgery Centers (ASC) groupers for the new January 1, 2005 CPT procedure codes.

Policy Statement

All procedures performed in an ASC are subject to the parent program guidelines. **For example:** Surgeries are subject to the Physician-Related Services Washington Administrative Code (WAC) and *Physician-Related Services Billing Instructions* and dental procedures are subject to the Dental-Related Services WAC and *Dental Program Billing Instructions*.

Procedure Code Changes

Effective for dates of service on and after January 1, 2005, MAA will add the following procedure codes to those procedures that are payable when performed or provided in an ASC:

Added Procedure Code	Brief Description	Group	Type of Prior Authorization Required
15001	Skin graft add-on	1	N/A
21120	Reconstruction of chin	7	PA
21125	Augmentation, lower jaw bone	7	N/A
29873	Knee arthroscopy/surgery	3	N/A
30220	Insert nasal septal button	3	N/A
31500	Insert emergency airway	1	N/A
31603	Incision of windpipe	1	N/A
35475	Repair arterial blockage	9	N/A
35476	Repair venous blockage	9	N/A
36834	Repair A-V aneurysm	3	N/A
37205	Transcath iv stent, percut	9	N/A
37206	Transcath iv stent/perc addl	9	N/A

Added Procedure Code	Brief Description	Group	Type of Prior Authorization Required
37500	Endoscopy ligate perf veins	3	N/A
42665	Ligation of salivary duct	7	N/A
44397	Colonoscopy w/stent	1	N/A
45327	Proctosigmoidoscopy w/stent	1	N/A
45341	Sigmoidoscopy w/ultrasound	1	N/A
45342	Sigmoidoscopy w/us guide bx	1	N/A
45345	Sigmoidoscopy w/stent	1	N/A
45387	Colonoscopy w/stent	1	N/A
57288	Repair bladder defect	9	EPA
62264	Epidural lysis on single day	1	N/A
67343	Release eye tissue	7	N/A

Effective for dates of service on and after February 1, 2005, MAA will delete the following procedure codes from the list of procedures that are payable when performed or provided in an ASC:

Deleted Code	Deleted Code	Deleted Code	Deleted Code	Deleted Code
11404	15732	27780	42205	68810
11424	15734	27786	42210	69145
11444	15738	27808	42215	69450
11446	15740	28400	42220	69725
11604	19100	30801	42409	69740
11624	20670	30915	42425	69745
11644	21040	30920	42860	69840
12021	21050	31233	42892	86077
13100	21206	31235	50559	86078
13101	21210	31237	50959	86079
13120	21249	31238	50978	
13121	21325	38505	52000	
13131	21355	40700	52881	
13132	21440	40701	53850	
13150	21485	40814	55700	
13151	22305	41009	58820	
13152	23600	41010	60000	
14000	23620	41112	64420	
14020	24576	41520	64430	
14021	24670	41800	64736	
14040	25505	41827	65800	
14041	26605	42000	65805	
14060	27520	42107	67141	
14061	27760	42200	68340	

Ambulatory Surgery Centers Fee Schedule

To obtain the new ASC fee schedule, visit MAA's website at <http://maa.dshs.wa.gov>. Click on the Billing Instructions/Numbered Memoranda link and then on the Fee Schedules link.

Bill MAA your usual and customary charge.

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

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